

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 05-15-2013

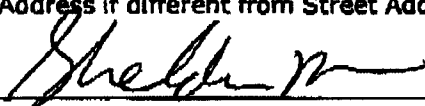

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
☒ Charter Certificate Number 8123 _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

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MAY 16 2013

TRANS DEPTMy certificate was revoked/cancelled on _____ because ANNUAL REPORT
(DATE)I am seeking reinstatement because I HAVE SUMMITED YHE ANNUAL REPORT

<u>SERENITY TRANSPORTATION,LLC</u>	DBA _____
(Name of Company)	(If applicable)
<u>8412 JACKSONBORO RD</u>	<u>P.O BOX 1053</u>
(Street Address)	<u>WALTERBORO,SC 29488</u>
	(Mailing Address if different from Street Address)
<u>ROUND O,SC 29474</u>	
(City, State, Zip Code)	(Signature)
<u>843-217-3162</u>	
(Telephone Number)	(Title) Owner, President, etc.

Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS

OF

3 STAR TRANSPORT, LLC

Certificate Name changed 5-8-12 To Serenity Transportation
Exact Legal Name of Respondent *LLC*

8123-A

PSC/ORS Number (leave blank)

5-16-13 Carrier applying for Reinstatement
FOR THE YEAR ENDED 2011

☒ Calendar Year Ending December 31, 2011

or

☐ Fiscal Year Ending _____



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TRANS DEPT